

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 1 OF 2
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) MeidasTouch		FEC IDENTIFICATION NUMBER ▼ C C00746073
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on

Full Name of Payee J & Z Strategies		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 14 / 2022
Mailing Address 5419 Hollywood Blvd Ste C135		Amount 12381.00
City Los Angeles	State CA	Zip Code 90027-3480
Purpose of Expenditure Billboard Ad Buy; IE-Only Account	Category/ Type	Transaction ID : 500017897 Date of Disbursement or Obligation MM / DD / YYYY 09 / 27 / 2022
Name of Federal Candidate BUDD, THEODORE, P, , <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u>
Calendar Year-To-Date Per Election for Office Sought 12381.00		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee J & Z Strategies		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 14 / 2022
Mailing Address 5419 Hollywood Blvd Ste C135		Amount 14823.00
City Los Angeles	State CA	Zip Code 90027-3480
Purpose of Expenditure Billboard Ad Buy; IE-Only Account	Category/ Type	Transaction ID : 500018117 Date of Disbursement or Obligation MM / DD / YYYY 09 / 27 / 2022
Name of Federal Candidate MASTERS, BLAKE, , , <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>AZ</u>
Calendar Year-To-Date Per Election for Office Sought 14823.00		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	27204.00
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Meiselas, Brett, Adam, ,

[Electronically Filed]

Date

MM / DD / YYYY
10 / 15 / 2022

Signature

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(Schedule E)PAGE 2 OF 2
FOR SE OF FORM 24/48

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Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee J & Z Strategies		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 14 / 2022
Mailing Address 5419 Hollywood Blvd Ste C135		Amount 17058.00
City Los Angeles	State CA	Zip Code 90027-3480
Purpose of Expenditure Billboard Ad Buy; IE-Only Account	Category/ Type	Transaction ID : 500018118 Date of Disbursement or Obligation MM / DD / YYYY 09 / 27 / 2022
Name of Federal Candidate WALKER, HERSCHEL, MR., ,	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: GA
Calendar Year-To-Date Per Election for Office Sought 17058.00		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee		Date of Public Distribution/Dissemination MM / DD / YYYY
Mailing Address		Amount
City	State	Zip Code
Purpose of Expenditure	Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY
Name of Federal Candidate	<input type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	17058.00
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	44262.00

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Meiselas, Brett, Adam, ,

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Date

MM / DD / YYYY
10 / 15 / 2022

Signature